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on 12-23-09

PATENT
Docket No.: 019934-003720US

TOWNSEND and TOWNSEND and CRAWLLP

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Andrew M.K. Pennell et al.

Application No.: 10/732,897

Filed: December 9, 2003

For: SUBSTITUTED PIPERAZINES

Customer No.: 20350

Confirmation No.: 6930

Examiner: Emily B. Bernhardt

Art Unit: 1624

PETITION UNDER 37 CFR §1.183
REQUESTING WAIVER OF
REEXECUTION OF
DECLARATION

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby respectfully request to waive the requirements of 37 CFR § 1.64 in this application because one of the inventors, Brian McMaster, is now deceased. The deceased inventor has no legal representative to sign in his place. Applicants are therefore unable to obtain a supplemental declaration. Applicants include a copy of a non-certified Death Certificate of Brian McMaster. Applicants also hereby respectfully submit a Request for Corrective Entity Under 37 CFR §1.48(a).

In accordance with 37 CFR §1.183, Applicants submit their request and the petition fee set forth in 37 CFR §1.17(f).

Andrew M.K. Pennell et al.
Application No.: 10/732,897
Page 2

PATENT

Please charge the processing fee of \$400.00 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayments to, the above-noted Deposit Account.

Respectfully submitted,



William B. Kezer
Reg. No. 37,369

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: (925) 472-5000
Fax: (415) 576-0300
WBK:lml

62361064 v1

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

3052006030963

CERTIFICATE OF DEATH

3200643003649

| | | | |
|---|--|---|--|
| STATE FILE NUMBER 3052006030963 | | LOCAL REGISTRATION NUMBER 3200643003649 | |
| 1. NAME OF DECEDENT — FIRST (Given) BRIAN | | 2. MIDDLE EUGENE | |
| 3. LAST (Family) MCMASTER | | 4. DATE OF BIRTH month/day 03/03/1950 | |
| 5. AGE Yrs 56 | | 6. SEX M | |
| 7. DATE OF DEATH month/day 05/17/2006 | | 8. HOUR (24 Hours) 0540 | |
| 9. BIRTH STATE/FOREIGN COUNTRY MN | | 10. SOCIAL SECURITY NUMBER [REDACTED] | |
| 11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | 12. MARITAL STATUS (at Time of Death) NEVER MARRIED | |
| 13. EDUCATION — (Include Level/Degree) BACHELOR | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. DECEDENT'S RACE — (Up to 3 races may be listed (see worksheet on back)) WHITE | | 16. YEARS IN OCCUPATION 33 | |
| 17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED BIO CHEMIST | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL RESEARCH | |
| 19. DECEDENT'S RESIDENCE (Street and number or location) 120 WALKER DR. | | | |
| 20. CITY MOUNTAIN VIEW | | 21. COUNTY/PROVINCE SANTA CLARA | |
| 22. ZIP CODE 94043 | | 23. YEARS IN COUNTY 5 | |
| 24. STATE/FOREIGN COUNTRY CA | | 25. DECEASED'S MAILING ADDRESS (Street and number or post-office number, city or town, state, ZIP) 906 7TH AVE. SOUTH, MOORHEAD, MN 56560 | |
| 26. DECEASED'S NAME, RELATIONSHIP DONNA MCMASTER SISTER | | 27. DECEASED'S MAILING ADDRESS (Street and number or post-office number, city or town, state, ZIP) 906 7TH AVE. SOUTH, MOORHEAD, MN 56560 | |
| 28. NAME OF DECEASED'S FIRST CURTIS | | 29. MIDDLE MICHAEL | |
| 30. LAST (Family) MCMASTER | | 31. BIRTH STATE ND | |
| 32. NAME OF MOTHER — FIRST THELMA | | 33. MIDDLE LOUISE | |
| 34. LAST (Family) RICE | | 35. BIRTH STATE VA | |
| 36. DISPOSITION DATE month/day 05/18/2006 | | 37. PLACE OF FINAL DISPOSITION SISTERS RESIDENCE DONNA MCMASTER 906 7TH AVE. SO., MOORHEAD, MN 56560 | |
| 38. TYPE OF DISPOSITION(S) CR/TR/RES | | 39. SIGNATURE OF FUNERAL HOME [REDACTED] | |
| 40. NAME OF FUNERAL HOME SPANGLER MOUNTAIN VIEW | | 41. LICENSE NUMBER ED579 | |
| 42. PLACE OF DEATH CEDAR CREST NURSING AND REHABILITATION CENTER | | 43. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other | |
| 44. COUNTY SANTA CLARA | | 45. CITY SUNNYVALE | |
| 46. STREET ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 797 E FREMONT AVENUE | | 47. DATE month/day 05/17/2006 | |
| 48. CAUSE OF DEATH LIVER FAILURE ALCOHOLIC CIRRHOSIS | | 49. TIME ELAPSED BETWEEN ONSET AND DEATH 1 WEEK | |
| 50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other | | 51. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 52. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other | | 53. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 54. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other | | 55. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 56. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other | | 57. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 58. OTHER INFORMATION CONCERNING DEATH OR CAUSE OF DEATH (e.g., medical history, previous illness, etc.) NONE | | 59. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | |
| 60. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive 04/09/2002 Decedent Last Seen Alive 05/16/2006 | | 61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDWARD MAN-CHEUNG YU M.D. 4906 EL CAMINO REAL, LOS ALTOS, CA 94022 | |
| 62. TYPE OF DEATH NATURAL | | 63. NUMBER AT WORK [REDACTED] | |
| 64. DATE OF DEATH 05/17/2006 | | 65. TIME OF DEATH 0540 | |
| 66. LOCATION OF BURY (Street and number, or location, and city, and ZIP) [REDACTED] | | 67. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED] | |
| 68. DATE 05/17/2006 | | 69. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED] | |
| 70. STATE REGISTRAR A B C D E | | 71. FAX AUTH. # 012006000228311 | |

CERTIFIED COPY OF VITAL RECORD



R01264383

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

SS

I, Regina Alcomendras, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.

Witness my hand and official seal this

day

By

Deputy

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

PRNCO (Rev) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA
AFFIDAVIT TO AMEND A RECORD

3052006030963

STATE FILE NUMBER

3200643003649

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

1.1

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

| | | | |
|---|---|---|--|
| NAME AS IT APPEARS ON RECORD | 1. NAME—FIRST (GIVEN) BRIAN | 2. MIDDLE EUGENE | 3. LAST (FAMILY) MCMASTER |
| ADDITIONAL INFORMATION TO LOCATE RECORD | 4. SEX M | 5. DATE OF EVENT—MM/DD/CCYY 05/17/2006 | 6. CITY OF OCCURRENCE SUNNYVALE |
| | 7. COUNTY OF OCCURRENCE SANTA CLARA | | |
| | 8. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL CURTIS MILTON MCMASTER | | 9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL THELMA LOUISSE RICE |

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

| | | | |
|--|---|---|---|
| LIST ONE ITEM PER LINE | 10. CERTIFICATE ITEM NUMBER 36 | 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD LOUISSE | 12. INFORMATION AS IT SHOULD APPEAR LOUISE |
| | Informational | | |
| | Not a Valid | | |
| | Document to | | |
| | TO CORRECT RECORD | | |
| | REASON FOR CORRECTION | | |
| | AFFIDAVITS AND SIGNATURES | | |
| | We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. | | |
| | 14. SIGNATURE OF FIRST PERSON FUNERAL DIRECTOR | | |
| | 15. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR | | |
| 16. DATE SIGNED—MM/DD/CCYY 05/17/2006 | | | |
| 17. ADDRESS (STREET, CITY, STATE, ZIP) 799 CASTRO STREET, MOUNTAIN VIEW, CA 94041 | | | |
| 18. SIGNATURE OF SECOND PERSON FUNERAL DIRECTOR | | | |
| 19. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR | | | |
| 20. DATE SIGNED—MM/DD/CCYY 05/17/2006 | | | |
| 21. ADDRESS (STREET, CITY, STATE, ZIP) 799 CASTRO STREET, MOUNTAIN VIEW, CA 94041 | | | |
| 22. AGE ADULT | | | |
| 23. ADDRESS (STREET, CITY, STATE, ZIP) 799 CASTRO STREET, MOUNTAIN VIEW, CA 94041 | | | |
| 24. SIGNATURE OF STATE OR LOCAL REGISTRAR | | | |
| 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 05/23/2006 | | | |

CERTIFIED COPY OF VITAL RECORD



* R 0 1 2 6 4 3 8 4 *

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA }

SS

I, Regina Alcomendras, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document of birth registered in my office.

Witness my hand and official seal this

day

of December 20

By

Deputy

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

PRNCO (REV) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

3052006030963

AFFIDAVIT TO AMEND A RECORD

3200643003649

STATE FILE NUMBER

DEATHS AFTER 1-1994

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

| | | | |
|---|---|---|---|
| NAME AS IT APPEARS ON RECORD | 1. NAME—FIRST (GIVEN) Brian | 2. MIDDLE Eugene | 3. LAST (FAMILY) McMaster |
| | 4. SEX M | 5. DATE OF EVENT—MM/DD/CCYY 05/17/2006 | 6. CITY OF OCCURRENCE Sunnyvale |
| ADDITIONAL INFORMATION TO LOCATE RECORD | 7. COUNTY OF OCCURRENCE Santa Clara | | 8. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL Curtis Milton McMaster |
| | 9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL Thelma Louise Rice | | |

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

| 10. CERTIFICATE ITEM NUMBER | 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 12. INFORMATION AS IT SHOULD APPEAR |
|---|---|---|
| 40 | SISTERS RESIDENCE DONNA 10000 E. 1ST AVE. #90, MOORHEAD, MINN 56560 | 1/2 SISTERS RESIDENCE DONNA MCMASTER 18671 LEVE, SO, MOORHEAD, MN 56560 |
| | | 1/2 FRENCH RESIDENCE TOM MISCIAGNA 1315 N.W. 80TH ST., SEATTLE WA 98117 |
| 41 | Cr/Tr/Res | 1/2 Cr/Tr/Res 1/2 Cr/Tr/Res |
| Not a Valid Document to | | |
| 13. | REASON FOR CORRECTION | |
| AFFIDAVITS AND SIGNATURES | | |
| We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct. | | |
| 14. SIGNATURE OF FIRST PERSON | 15. TITLE/RELATIONSHIP TO PERSON IN PART I | 16. DATE SIGNED—MM/DD/CCYY |
| [Signature] | Funeral Director | 05/17/2006 |
| 17. AGE | 18. ADDRESS (STREET, CITY, STATE, ZIP) | 21. DATE SIGNED—MM/DD/CCYY |
| Adult | 799 Castro St., Mountain View, CA 94041 | 05/17/2006 |
| 22. AGE | 23. ADDRESS (STREET, CITY, STATE, ZIP) | 24. SIGNATURE OF STATE OR LOCAL REGISTRAR |
| Adult | 799 Castro St., Mountain View, CA 94041 | |
| 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY | 05/17/2006 | |

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA }

SS



* R 0 1 2 6 4 3 8 5 *

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Witness my hand and official seal this

day

By

Deputy

of December, 2009

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PBNCO (REV) 11/06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Andrew M.K. Pennell, et al.

Application No.: 10/732,897

Filed: December 9, 2003

For: SUBSTITUTED PIPERAZINES

Examiner: Emily B. Bernhardt

Art Unit: 1624

CONSENT OF ASSIGNEE TO CHANGE
INVENTORSHIP IN A PATENT
APPLICATION UNDER 37 C.F.R. §
1.48(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The assignee of the above-identified patent application, consents to amending
the subject patent application to add:

Valeri V. Martichonok

as an inventor of the above-identified patent application.

The Undersigned has the authority to act on behalf of the assignee.

Date: April 7, 2008

By: 

Name: Thomas Schall

Title: President and CEO

Assignee: ChemoCentryx, Inc.